

VMI
2006 SAFETY DAY CONTEST
REGISTRATION FORM

Please indicate the type of team as shown in the list below. Fees are shown to the right of each team type. Contest fees must be remitted with the registration form. Awards dinner ticket fees may be remitted with the forms or may be submitted at a later date.

TYPE OF TEAM:

- | | |
|--|-------------------|
| <input type="checkbox"/> MINE RESCUE <u>ONLY</u> | \$400.00 per team |
| <input type="checkbox"/> FIRST AID | 125.00 per team |
| <input type="checkbox"/> MINE FOREMAN (PRE-SHIFT) | 75.00 each |
| <input type="checkbox"/> BENCH – BG 174 – Limit 2 per team | 75.00 each |
| <input type="checkbox"/> BENCH – BG 4 – Limit 2 per team | 75.00 each |
- Note: Please check type of BG 4 apparatus ____ Monitron ____ Sentinel

TOTAL SUBMITTED: _____

TEAM IDENTIFICATION AND INFORMATION:

COMPANY NAME: _____

TEAM NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT PERSON: _____

TITLE: _____

TELEPHONE NUMBER: (____) _____

Please make checks payable to Virginia Mining Institute and mail to address listed below.

Please return registration forms and fees to address shown below:

VIRGINIA MINING INSTITUTE, NORTHERN
ATTN.: DIANE L. CROUSE
%MINE SAFETY AND HEALTH ADMINISTRATION
P.O. BOX 560
NORTON, VA 24273

Telephone: (276) 679-0230, ext. 115 Fax: (276) 679-1663

COMPANY NAME: _____

TEAM NAME: _____

MINE RESCUE TEAM PERSONNEL:

1. _____ CAPTAIN 5. _____

2. _____ 6. _____ BRIEFING

3. _____ 7. _____ ALTERNATE

4. _____ 8. _____ ALTERNATE

FIRST AID TEAM PERSONNEL: [List each team(s)]

1. _____ 1. _____

2. _____ 2. _____

3. _____ 3. _____

MINE FOREMAN PRE-SHIFT:

1. _____ 2. _____

BENCH PERSONNEL:

1. _____ 2. _____

NUMBER OF AWARDS DINNER TICKETS:

NO. NEEDED _____ (\$25.00 PER TICKET) \$ _____